

CHAPTER VI

AGENCY GOALS, OBJECTIVES, OUTCOMES, STRATEGIES, OUTPUTS, EFFICIENCY, AND EXPLANATORY MEASURES

AGENCY GOALS

- **Prevention and Promotion**
- **Coordinated Medicaid services**
- **Uphold Health Care Standards**
- **Promote Equitable Access to Health Care Services**
- **Coordinated Health System**

Texas Department of Health Strategic Planning/Budget Structure is pending approval from the Legislative Budget Board and the the Governor's Office of Budget and Planning as of May 24, 2000.

GOAL A: PREVENTION AND PROMOTION

Champion Prevention and Health Promotion

- Ensure that prevention, promotion and education are integral parts of all public health services.
- Reduce health hazards, support resistance to health threats and promote disease control.
- Promote individual and community involvement in improving personal and environmental health.

Objective A-1 To identify, prevent and solve the most significant consumer environmental, occupational, and community hazards by 2005.

Outcome Percentage of inspected entities in compliance with statutes and/or rules

Strategy A.1.1. *Border Health and Colonias*

Develop and implement programs designed to assist in the reduction of consumer, environmental, occupational, and community health hazards along the Texas/Mexico border and in the *colonias* in a binational effort that coordinates with local providers and community leaders.

Efficiency Average number of days for surveillance activities

Output Number of surveillance activities conducted

Output Number of citizen/community activities implemented

Strategy A.1.2. *Food (Meat) and Drug Safety*

Design and implement uniform and effective programs to ensure the safety of food, drugs and medical devices.

Efficiency Average cost per surveillance activity

Output Number of surveillance activities conducted

Output Number of enforcement actions initiated

Output Number of licenses/registrations issued

Strategy A.1.3. *Environmental Health*

Develop and implement comprehensive, uniform and effective risk assessment and risk management programs in the areas of consumer products, occupational and environmental health, and community sanitation.

Efficiency Average cost per surveillance activity

Efficiency Average number of days for asbestos license issuance

Output Number of surveillance activities conducted

Output Number of enforcement actions initiated

Output Number of asbestos licenses issued

Strategy A.1.4. *Radiation Control*

Develop and implement a comprehensive regulatory program for all sources of radiation using risk assessment and risk management techniques.

Efficiency Average number of days for license issuance

Efficiency Average cost per surveillance activity

Output Number of surveillance activities conducted

Output Number of enforcement actions initiated

Output Number of licenses/registrations issued

Output Number of radiation survey meters and dosimeter kits calibrated or repaired.

Objective A-2 To increase the statewide participation of eligible low-income women, infants and children to 75 percent in programs delivering special supplemental food assistance and nutrition education by 2005; and increase the number of clients receiving comprehensive public health nutrition education in public health clinics in culturally and ethnically appropriate manner by 2005.

Outcome Percentage of eligible WIC population served

Strategy A.2.1. *Women, Infants and Children (WIC) and Prevention Nutrition Services*

To provide nutrition services, including benefits, to eligible low-income women, infants and children (WIC) clients, nutrition education and counseling.

Efficiency	Average food costs per person receiving services
Efficiency	Average cost per delivery of nutrition education and other clinic services
Explanatory	Incidence (percent) of low birth weight babies born to women, infants, and children (WIC) nutrition program mothers
Output	Number of WIC participants provided food supplements per month
Output	Number of first trimester pregnant women newly certified per month
Output	Number of WIC participants served in the farmers market program
Output	Number of WIC participants provided nutrition, education, and counseling services annually

Objective A-3 To decrease the burden of preventable diseases, injuries, conditions, and deaths by 2005.

Outcome	Percent of AIDS cases diagnosed two years ago and living 24 months or more
Outcome	Percentage of tuberculosis cases that completed therapy within 12 months
Outcome	Rate of reported zoonotic diseases
Outcome	Prevalence of smoking among adult Texans
Outcome	Rate of human exposure calls to Poison Control Centers
Outcome	Vaccination coverage levels among children aged 19 to 35 months

Outcome	Statewide prevalence of tobacco use among middle school (6 th -8 th grade) youth
Outcome	Prevalence of tobacco use among middle school (6 th -8 th grade) youth in pilot targeted areas of Texas
Outcome	Number of adolescents and young adults reported with chlamydia per 100,000 population
Outcome	Crude incidence rate of TB in Texas

Strategy A.3.1. *HIV and STD Education and Services*

Provide HIV and STD education to prevent the spread of infection, identify individuals infected with or exposed to HIV/STD, provide HIV/STD medications, and link infected and exposed individuals to health and social service providers for intervention.

Efficiency	Cost per HIV prevention counseling session
Output	Number of persons provided social and medical services after diagnosis of HIV infection
Output	Number of persons served by the HIV medication program
Output	Number HIV prevention counseling sessions

Strategy A.3.2. *Immunizations*

Implement programs to immunize Texas residents.

Efficiency	Average cost per dose of vaccine purchased with state funds
Explanatory	Dollar value (in millions) of vaccine provided by the federal government
Explanatory	Number of sites participating in registry system
Output	Number of doses administered
Output	Number of suspected and confirmed vaccine preventable disease investigations

Output	Number of vaccine doses purchased with state funds
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Strategy A.3.3. Preventable Diseases

Implement programs to reduce the incidence of preventable health conditions such as zoonotic diseases (including tuberculosis), and dental diseases, and to improve epidemiological activities to track reductions.

Efficiency	Average cost per surveillance activity and field investigation conducted
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Efficiency	Average cost per clinical preventive activity provided
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Output	Number of surveillance activities and field investigations conducted
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Output	Number of birth defect, cancer, environmental, and injury reports handled by appropriate registry
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Output	Number of diabetes-related technical and educational consultations and clinical preventive activities provided
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Output	Number of children provided dental sealants
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Output	Number of clinical preventive activities provided
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Strategy A.3.4. Chronic Disease Services

Provide prompt service and/or referral to all eligible applicants for chronic disease services.

Efficiency	Average cost per chronic disease service
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Output	Number of kidney health clients provided services
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Output	Number of technical and educational consultations provided to Alzheimer's patients
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Output	Number of epilepsy program clients provided services
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Output Number of hemophilia assistance program recipients

Strategy A.3.5. *Tobacco Education and Prevention*

Develop and implement a statewide program to provide education, prevention and cessation in the use of cigarettes and tobacco products.

Efficiency Average cost per capita for populations served in pilot targeted areas

Output Number of people served in pilot targeted areas

Strategy A.3.6. *Children and Public Health*

Issue grants to local communities for essential public health services to reduce health disparities and to improve health outcomes.

Explanatory Number of grants awarded for essential public health services

GOAL B: COORDINATED MEDICAID SERVICES

Develop a comprehensive approach to provide eligible Medicaid clients health care services that are integrated with other direct service delivery programs.

- Objective B-1**
- During 2001-2005, improve access to health care services for development of a comprehensive approach to provide health care services to eligible clients by increasing the range and scope of available Medicaid services and by providing a broad and flexible array of service providers for all geographical locales of Texas.
 - During 2001-2005, provide increased access and comprehensive diagnostic treatment services to eligible clients by maximizing the use of primary prevention, early detection, and management of health care.

Outcome Percent of eligible clients receiving acute care services

Outcome Percent of 100% poverty population covered by acute care services

Outcome Percent of Medicaid clients eligible for Comprehensive Care Program (CCP) receiving services

Outcome Total Medicaid recipient months per month

Outcome Total average monthly cost

Outcome Percent of pregnant Medicaid managed care members receiving a prenatal visit within 4 weeks of enrollment with a health plan

Outcome Total Medicaid care recipient months per month

Outcome Total Medicaid managed care savings per member month

Outcome Percentage of Medicaid managed care members satisfaction with their health plan

Outcome Percent of THS (EPSDT) population screened – medical

Outcome Percent of THS (EPSDT) eligible population served – dental

Strategy B.1.1. *Premiums: Aged and Disabled*

Provide medically necessary health care in the most appropriate, accessible and cost effective setting to Medicaid Aged and Medicare related persons and Medicaid Disabled and Blind persons.

Efficiency	Average aged and Medicare related premium per recipient month: managed care
Efficiency	Average aged and Medicare related premium per recipient month: non-managed care
Efficiency	Average disabled and blind premium per recipient month: managed care
Efficiency	Average disabled and blind premium per recipient month: non-managed care
Output	Average aged and Medicare related recipient months per month: managed care
Output	Average aged and Medicare related recipient months per month: non-managed care
Output	Average disabled and blind recipient months per month: managed care
Output	Average disabled and blind recipient months per month: non-managed care

Strategy B.1.2. *Premiums: Temporary Aid for Needy (TANF) Families*

Provide medically necessary health care in the most appropriate, accessible and cost effective setting to Medicaid eligible pregnant women.

Efficiency	Average TANF adult premium per recipient month: managed care
Efficiency	Average TANF adult premium per recipient month: non-managed care
Efficiency	Average TANF children premium per recipient month: managed care
Efficiency	Average TANF children premium per recipient month: non-managed care

Output	Average TANF adult recipient months per month: managed care
Output	Average TANF adult recipient months per month: non-managed care
Output	Average TANF children recipient months per month: managed care
Output	Average TANF children recipient months per month: non-managed care

Strategy B.1.3. *Premiums: Pregnant Women*

Provide medically necessary health care in the most appropriate, accessible and cost effective setting to Medicaid pregnant women.

Output	Average pregnant women recipient months per month: managed care
Output	Average pregnant women recipient months per month: non-managed care
Efficiency	Average pregnant women premium per recipient month: managed care
Efficiency	Average pregnant women premium per recipient month: non-managed care

Strategy B.1.4. *Premiums: Children/Medically Needy*

Provide medically necessary health care in the most appropriate and cost effective setting to newborn infants and Medicaid eligible children above the Temporary Aid to Needy Families (TANF) income eligibility criteria, and medically needy persons.

Efficiency	Average newborn premium per recipient month: managed care
Efficiency	Average newborn premium per recipient month: non-managed care
Efficiency	Average expansion children premium per recipient month: managed care
Efficiency	Average expansion children premium per recipient month: non-managed care

Efficiency	Average federal mandate children premium per recipient month: managed care
Efficiency	Average federal mandate children premium per recipient month: non-managed care
Efficiency	Average medically needy recipient months per month: managed care
Efficiency	Average medically needy premium per recipient month: non-managed care
Efficiency	Average children's health insurance program premium per recipient month: managed care
Efficiency	Average children's health insurance program premium per recipient month: non-managed care
Output	Average newborn recipient months per month: managed care
Output	Average newborn recipient months per month: non-managed care
Output	Average expansion children recipient months per month: managed care
Output	Average expansion children recipient months per month: non-managed care
Output	Average federal mandate children recipient months per month: managed care
Output	Average federal mandate children recipient months per month: non-managed care
Output	Average medically needy children recipient months per month: managed care
Output	Average medically needy recipient months per month: non-managed care
Output	Average children's health insurance program recipient months per month: managed care
Output	Average children's health insurance program recipient months per month: non-managed care

Strategy B.1.5. *Medicare Payments*

Provide accessible premium-based health services to certain Title XV111 Medicare eligible recipients.

Efficiency	Average SMIB premium per month
Efficiency	Average Part A premium per month
Efficiency	Average qualified Medicare beneficiaries cost per month
Output	Supplemental medical insurance Part B (SMIB) recipient months per month
Output	Part A recipient months per month
Output	Number of qualified Medicare beneficiaries (QMBs)

Strategy B.1.6. *EPSDT – Comprehensive Care Program (CCP)*

Provide diagnostic/treatment services for federally allowable Medicaid services for conditions identified through an EPDST screen or other health care encounter but not covered or provided under the state Medicaid plan.

Efficiency	Average cost of clients receiving extended benefits through EPSDT-CCP
Output	Number of clients receiving extended benefits through EPSDT-CCP

Strategy B.1.7. *Cost of Reimbursed Services*

Provide medically necessary health care to Medicaid eligible recipients for services not covered under the insured arrangement, including: federally qualified health centers, undocumented aliens, school health, and related services.

Efficiency	Average undocumented alien cost per month
Output	Number of enrolled federally qualified health centers
Output	Number of undocumented aliens served

Strategy B.1.8. *Vendor Drug Program*

Provide prescription medication to Medicaid eligible recipients as prescribed by their treating physicians.

Efficiency	Average cost per prescription
Efficiency	Net Aged, Blind and Disabled monthly prescription drug cost per recipient month
Efficiency	Net Temporary Aide to Needy Families (TANF) average monthly prescription drug cost per recipient month
Efficiency	Net all clients average monthly prescription drug cost per recipient month
Output	Annual Medicaid prescriptions incurred
Output	Number of contracted pharmacy providers
Output	Prescriptions incurred per recipient per month

Strategy B.1.9. *Medical Transportation*

Provide non-ambulance transportation for eligible Medicaid recipients to and from providers of Medicaid services.

Efficiency	Average cost per one-way trip
Output	Recipient one-way trip

Strategy B.1.10. *Medically Dependent*

Administer the Medically Dependent Children Waiver Program (MDCP)

Efficiency	MDCP average monthly cost per client per months
Output	MDCP clients per month

Strategy B.1.11. *Texas Health Steps (EPSDT) Medical*

Provide access and comprehensive diagnostic/treatment services for eligible clients by maximizing the use of primary prevention, early detection and management of health care in accordance with all federal mandates.

Efficiency Average cost per THS (EPSDT) client receiving medical screens in fee for service Medicaid

Efficiency Average cost per THS (EPSDT) medical screen performed in fee for service Medicaid

Output Number of THS (EPSDT) medical screens performed in fee for service Medicaid

Output Number of newborns receiving hearing screens

Strategy B.1.12. *Texas Health Steps (EPSDT) Dental*

Provide dental care in accordance with all federal mandates.

Efficiency Average cost per THS (EPSDT) dental client

Efficiency Average cost per THS (EPSDT) orthodontic client

Output Number of THS (EPSDT) dental clients served

Output Number of THS (EPSDT) active dental providers

Output Number of THS (EPSDT) orthodontic clients served

GOAL C: UPHOLD HEALTH CARE STANDARDS

- Assure the highest quality services to all Texans across the care continuum.
- Respond promptly to the public's needs and concerns about health professionals and health facilities.

Objective C-1 To ensure that health care facilities meet state and federal regulations and that all health care professionals who are licensed, registered, certified, placed on a registry, permitted, or documented meet or abide by all applicable state regulations by 2005.

Outcome Percentage of licensed, certified, registered, permitted, or documented professionals out of compliance with state regulations

Outcome Percentage of licensed/certified acute health care facilities (AHCs) meeting state/federal regulations at survey

Strategy C.1.1. *Health Care Standards*

Implement programs to ensure timely, accurate issuance of licenses, certifications, permits, documentations, and placing on a registry for health care professionals and implement cost-effective, efficient, consistent plan to license/certify and provide technical assistance to health care facilities.

Efficiency Average number of days for professional accreditation

Output Number of health care professionals licensed, permitted, certified, registered, or documented

Output Number of complaint investigations conducted

Output Number of facility surveys conducted

Output Number of licenses issued for health care facilities

Objective C-2 To provide analytical laboratory services in support of TDH programs and goals.

Outcome Percentage of timely completions of laboratory tests

Strategy C.2.1. *Laboratory*

Operate a state-of-the-art reference laboratory to provide essential support to disease prevention and other TDH associateship programs in the isolation, identification, detection, and verification of living/ nonliving agent which cause disease and disabilities.

Efficiency Cost per work time unit

Output Work time units produced

Strategy C.2.2. *Laboratory-Bond Debt Service*

Reference laboratory-bond debt service.

GOAL D: PROMOTE EQUITABLE ACCESS TO HEALTH CARE SERVICES

- Work to eliminate disparities in the health status among all population groups.
- Reduce rates of diseases and conditions which disproportionately affect minority populations.
- Allocate public health resources in a rational and equitable manner.
- Promote equitable access to quality health care and public health education for all populations through private providers, public clinics, and/or private-public cooperative ventures.

Objective D-1 To provide maternal and child health services to eligible women, infants, children, and adolescents.

Outcome Number of infant deaths per thousand live births (infant mortality rate)

Outcome Percentage of low birth weight births

Outcome Percent of women and adolescents receiving family planning services

Outcome Number of pregnant females age 13-19 per thousand (adolescent pregnancy rate)

Outcome Perinatal mortality rate

Outcome Percent reduction in the number of births to adolescents age 13-17 in communities funded for abstinence education programs of children who participate in program

Strategy D.1.1. *Women and Children's Health Services*

Provide easily accessible, quality and community-based maternal and child health services, to women, infants, children, and adolescents (especially those with low income).

Output Number of infants and children age 1-20 provided services

Output Number of women provided services

Strategy D.1.2. *Family Planning*

Increase family planning services throughout Texas for adolescents, women and men.

Efficiency Average annual cost per family planning client

Output Number of persons receiving family planning services

Strategy D.1.3. *Children with Special Health Care Needs Program*

Administer the Children with Special Health Care Needs (CIDC) Program.

Efficiency Medical cost per Children with Special Health Care Needs (CIDC) case

Output Number of children with special health care needs receiving case management services

Output Number of paid hospital days for Children with Special Health Care Needs (CIDC) clients

Strategy D.1.5. *Abstinence-Based Education*

Increase abstinence-based education programs in Texas.

Output Number of persons served in abstinence education programs

Objective D-2 To provide primary health care-eligible indigent patients with a primary care provider by 2005; to improve the availability of basic health care services in rural areas of Texas by increasing the percentage of primary care providers to rural counties by 2005; and to reduce the disparities and the occurrence of preventable diseases among each racial/ethnic population by 2005.

Outcome Percent of community oriented primary care (COPC) eligible patients provided access to primary care services

Outcome Ratio of primary care practitioners to total population in rural counties

Strategy D.2.1. Community Health Services

Develop Systems of primary and preventive health care delivery to alleviate the lack of health care in the underserved areas of Texas; and develop and implement program policies that are sensitive and responsive to minority populations.

Efficiency	Average cost per COPC-eligible patients provided access to primary care services
Efficiency	Average cost per minority health initiative developed
Output	Number of COPC eligible patients provided access to primary care services
Output	Number of minority health initiatives implemented

Strategy D.2.2. Rural Health Care Access

Develop program to alleviate the lack of access to primary and preventive health care in rural areas of Texas.

Efficiency	Average cost per primary care practitioner recruited
Output	Number of primary care practitioners recruited to rural communities
Output	Number of students who have received forgiveness loans, grants, and scholarships
Output	Number of loan reimbursements made to rural physician assistants

GOAL E: COORDINATED HEALTH SYSTEM

- Establish a coordinated and unified statewide system of public health.
- Promote the development of competent and effective health leadership throughout the state, focusing on local level development.
- Coordinate public health policy and service delivery with state agencies, local governments, public and private sectors, and the public.

Objective E-1 By 2005, develop information and improve access to information to support public health policy decisions at the local, regional and state level.

Outcome Percentage of data and information requests satisfied with standard reports

Outcome Percentage of requests for data on hospitals, hospital discharges, health maintenance organizations, or HEDIS reports that can be filled by standard reports

Outcome Percentage of reports and products available on web sites

Strategy E.1.1. *Vital Statistics*

Provide a cost-effective, timely and secure system for recording, certifying, and disseminating information relating to births, deaths, fetal deaths, marriages, and divorces occurring in this state.

Efficiency Average number of days to certify or verify records

Output Number of records filed

Output Number of records issued or verified electronically

Output Number of requests for records services completed

Output Number of birth or death documents validated through inquiry/investigation

Strategy E.1.2. *Health Data and Policy*

Collect, analyze and distribute data concerning health trends, status and systems as tools for decision-making policy.

Efficiency Average number of days to complete data and information requests

Output Number of requests for data and information completed

Strategy E.1.3. *Health Care Outcomes*

Collect, analyze and distribute health care data concerning charges, utilization, provider quality, and outcomes.

Output Number of requests for data on hospitals, hospital discharges, health maintenance organizations, or HEDIS reports filled

Objective E-2 During 2001-2005, improve access to health services for all eligible clients by increasing the range and scope of available Medicaid services; and by 2005, each of the public health regions will coordinate and integrate services for preventive health, primary care, environmental health protection, trauma systems, and inpatient tuberculosis care to improve access to emergency health for all Texans and visitors by implementing regionalized emergency health care systems (EMS/trauma) statewide.

Outcome Trauma death rate

Outcome Percentage of reported cases of tuberculosis that are treated appropriately

Outcome Percent change in burden of disease, disability and death index

Strategy E.2.1. *Support of Indigent Health Services*

Provide support to local governments and tertiary care facilities that provide indigent health care services.

Efficiency Average state expenditure per county

Output Counties receiving state matching funds

Strategy E.2.2. *Regionalized Emergency Health Care Systems*

Develop and enhance regionalized emergency health care systems.

Output	Number of emergency health care providers (EMS firms, hospitals, RACS) assisted through EMS/trauma system funding programs
Output	Number of designated trauma facilities by level
Output	Number of active regional emergency health care systems

Strategy E.2.3. *Coordinated Care from TDH Hospitals*

Provide for more than one level of care for tuberculosis, infectious diseases and chronic respiratory disease patients provided in systematic coordination among two hospitals and other health care providers.

Efficiency	Average length of stay, Texas Center for Infectious Disease
Efficiency	Average length of stay, South Texas Hospital
Efficiency	Average cost per patient day, Texas Center for Infectious Disease
Efficiency	Average cost per patient day, South Texas Hospital
Efficiency	Average cost per outpatient visit, Texas Center for Infectious Disease
Efficiency	Average cost per outpatient visit, South Texas Hospital
Output	Number of inpatient days, Texas Center for Infectious Disease
Output	Number of inpatient days, South Texas Hospital
Output	Number of outpatient visits, Texas Center for Infectious Disease

Output Number of outpatient visits, South Texas Hospital

Strategy E.2.4. *Coordinated Essential Public Health Services*

Coordinate essential public health services at the local level through public health regions and affiliated local health departments, emphasizing community involvement.

Output Number of local health departments submitting annual Community Health Improvement Plans to TDH regional directors

Strategy E.2.5. *Renovation and Construction at TDH Hospitals*

Expend appropriated funds for renovation and construction at TDH hospitals.

Explanatory Percentage of appropriated funds expended for renovation and construction of TDH hospitals

Strategy E.2.6. *Indigent Health Reimbursement*

Reimburse the provision of indigent health services through the deposit of funds in the State-Owned Multi-Categorical Teach Hospital Account.

Explanatory Definition under development

Strategy E.2.7. *Small Urban Hospital Capital Improvements*

Provide funding through competitive grants to assist small urban hospitals with capital improvement projects with the goal of increasing access to health care services needed within the community.

Explanatory Number of contracts annually awarded to small urban community hospitals for making capital improvements.

Strategy E.2.8. *Rural Health Facility Capital Improvements*

Provide low interest loans and/or grants to public and non-profit rural health facilities for use in financing capital improvement needs and projects.

Explanatory Number of low interest loans and/or grants awarding

GOAL F: HISTORICALLY UNDERUTILIZED BUSINESSES

- Develop and implement policies governing delegated purchases, professional services and construction projects that foster meaningful and substantive inclusion of historically underutilized businesses.

Objective F-1 To promote full and equal business opportunities for all businesses and to make a good-faith effort to assist HUBs in receiving a portion of the total contract value of all contracts that TDH expects to award in a fiscal year and to meet or exceed the percentage goals of: 25.1 percent building construction, 47 percent special trade construction, 18.1 percent professional services, 33 percent other services, and 11.5 percent commodities.

Outcome Percent of Total Dollar Value of contracts and subcontracts awarded annually by the Department in delegated purchases, professional services and construction projects

Strategy F.1.1. *Historically Underutilized Businesses*

Develop and implement a plan for increasing the use of historically underutilized businesses through delegated purchases, professional services and construction projects.

Output Number of HUB Invitation for Bids (IFBs) and Requests for Proposals (RFPs)

Output Number of HUB contracts and subcontracts awarded

Output Dollar amount of HUB contracts and subcontracts awarded

GOAL G: MANAGEMENT

- Further develop process improvement skills through Continuous Quality Improvement (CQI), ultimately meeting the needs of agency consumers by using effective management tools.

Objective G-1 By 2005, 80 percent of staff will understand and use the principles of process improvement, problem-solving and process facilitation in information gathering and decision-making activities.

Outcome Percent of staff using process improvement tools, team-driven decision-making and facilitated meetings to improve TDH services.

Strategy G.1.1. *Facilitation within CQI Framework*

Provide CQI and facilitation training programs, establish principles for usage and reinforce appropriate applications through managerial behaviors.

Output Number of staff trained on principles within CQI framework

Output Number of facilitators in networks

Output Number of facilitation assignments completed